# UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN

# TRANSMITTAL OF FINANCIAL REPORTS AND CERTIFICATION OF COMPLIANCE WITH UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

	THE PERIOD ENDED: 2/28/25		
In i	·e:	Case Number: 24	-31912-jda
CO	ST LESS DISTRIBUTING, INC.,	Chapter 11	
	Debtor.	Hon, Joel D. Appl	ebaum
As d	lebtor in possession, I affirm:	annaming and assistance of	
•	That I have reviewed the financial statements atta	ached hereto, consisting of	;
	Operating Statement	(Form 2)	
	Balance Sheet	(Form 3)	
	✓ Summary of Operations	(Form 4)	
	Monthly Cash Statement	(Form 5)	
	✓ Statement of Compensation	(Form 6)	
	Schedule of In-Force Insurance	(Form 7)	
	and that they have been prepared in accordance vand fairly and accurately reflect the debtor's final		
•	That the insurance, including workers' compensa in Section 5 of the Operating Instructions and Re effect; and, (If not, attach a written explanation)	tion and unemployment in porting Requirements For G YES	surance, as described Chapter 11 Cases is in NO
•	That all post-petition taxes as described in Sectio Requirements For Chapter 11 cases are current. (If not, attach a written explanation)		uctions and Reporting
	No professional fees (attorney, accountant, etc.) lauthorization. (If not, attach a written explanation		cific court NO X
	All United States Trustee Quarterly fees have been	on paid and are current. YES X	NO
	Have you filed your pre-petition tax returns. (If not, attach a written explanation)	YES_X	NO
ocu	I hereby certify, under penalty of perjury, that the ments is true and correct to the best of my informati	on and heldef	Δ
ate	d: 2/20/25 Deb	HILL J. Gurd tor in Possession	
	Printer of the same	<u>, P</u>	810-625-9
	Title	P	hone Form I
			TOTH!

## **OPERATING STATEMENT (P&L)**

Period Ending: <u>2/28/25</u> Case No: 24-31912-jda

Total Revenue/Sales	Current Month \$536,063.61	Total Since Filing \$2,345,125.27
Cost of Sales	\$322,929.32	\$1,363,956.75
GROSS PROFIT	\$213,134.29	\$981,169.52
EXPENSES:		
Officer Compensation	\$8,000.00	\$32,000.00
Salary Expenses other Employees	\$70,365.81	\$337,010.42
Employee Benefits & Pensions	\$8,581.18	\$19,826.36
Payroll Taxes	\$7,134.46	\$40,314.47
Other Taxes	0	\$1,575.96
Rent and Lease Expense	0	0
Interest Expense	0	0
Insurance	\$4,530.36	\$15,411.33
Automobile and Truck Expense	\$4,160.84	\$22,340.94
Utilities (gas, electric, phone)	\$2,881.40	\$20,479.51
Depreciation	0	0
Travel and Entertainment	\$536.87	\$3,177.66
Repairs and Maintenance	\$15,369.94	\$26,730.91
Advertising & Printing	\$15,081.30	\$44,519.31
Supplies, Office Expense, etc.	\$17,384.98	\$92,808.87
Other Specify Bank Fees & Computer & Internet	\$4,254.45	\$49,795.70
Other Specify Shipping & Credit Card	\$33,948.05	\$163,769.73
TOTAL EXPENSES:	\$192,229.64	\$869,761.17
NET OPERATING PROFIT/(LOSS)	\$20,904.65	\$111,408.35
Add: Non-Operating Income: Interest Income Other Income		
Less: Non-Operating Expenses: Professional Fees		
Other	\$11.68	\$11.68
NET INCOME/(LOSS)	\$20,0892.97	\$111,396.67 Form 2
		Form 2

### **BALANCE SHEET**

Period Ending: 2/28/25

Case No: 24-31912-jda

ASSETS:	<u>Current Month</u>	Prior Month	<u>At Filling</u>
Cash: Inventory: Accounts Receivables: Insider Receivables Land and Buildings: Furniture, Fixtures & Equip: Accumulated Depreciation: Other: Other:	\$42,874.59 \$393,770.00 \$252,495.39 0 \$800,000.00 \$398,327.00 (\$26,963.00)	\$70,695.26 \$431,097.00 \$190,167.12 0 \$800,000.00 \$398,327.00 (\$26,963.00)	
LIABILITIES: Post-petition Liabilities: Accounts Payable: Rent and Lease Payable: Wages and Salaries: Taxes Payable: Other: TOTAL Post-petition Liabilities			
Secured Liabilities: Subject to Post-petition Collateral or Financing Order All Other Secured Liabilities TOTAL Secured Liabilities	\$376,292.84 \$1,164,016.86 \$1,540,309.70	\$376,292.84 \$1,164,016.86 \$1,540,309.70	
Pre-petition Liabilities: Taxes & Other Priority Liabilities Unsecured Liabilities: Other: TOTAL Pre-petition Liabilities	\$12,372.69 \$1,243,547.23 \$1,255,920.42	\$12,372.69 \$1,243,547.23 \$1,255.920.42	
Equity: Owners Capital: Retained Earnings-Pre Petition. Retained Earnings-Post Petition.	\$1,000.00 (\$934,726.14)	\$1,000.00 (\$931,906.74)	
TOTAL Equity:	\$1,860,503.98 \$3,730,956.26	\$1,863,323.38 \$3,728,136.86	
/AND EQUITY	(\$1,870,452.28)	(\$1,864,813.48)	

#### **SUMMARY OF OPERATIONS**

Period Ended: 2/28/25

Case No: 24-31912-jda

# Schedule of Post-Petition Taxes Payable

	Beginning Balance	Accrued/ Withheld	Payments/Deposits	Ending Balance	
Income Taxes Withheld: Federal:	0	\$6,412.00	\$6,412.00	0	
State:	\$2,982.60	\$2,698.56	\$2,982.60	0 \$2,698.56	
Local:	Variation of the 100 feet of the control of the con	Control of the contro		The state of the s	
FICA Withheld:	Williams of the second control of the second	\$4,213.13	\$4,213.13		
Employers FICA:	was a second and a second a second and a second a second and a second a second and a second and a second and	***	** Principal Mallianda conditions and assessment states of patients as an account of the conditions of		
Unemployment Tax:		<b></b>			
Federal:	\$443.66	\$268.50	\$443.66	\$268.50	
State:	\$2,244.6 9	\$1,667.53	\$2,244.69	\$1,667.53	
Sales, Use & Excise Taxes:	ð				
Property Taxes:	\$11,000,00	N Line		\$11,000.00	
Workers' Compensation				eri	
Other: Medicare			TO COLORED CO.	1 6 11 2000 1 5	
TOTALS:					
Ago in Days		ACCOUNTS RECEIVABL	ABLE	ov 60	
Age in Days Post Petition	0-30	30-60	Ove	er 60	
Accounts Payable	Out of the second secon			712-7113-7113-7113-7113-7113-7113-7113-7	
Accounts Receivable \$2	10,345.79	\$41,974.54     \$		,750.60	
For all post-petition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.					
Describe events or fact formulation of a Plan of	ors occurring during Reorganization:	this reporting period	materially affecting op	erations and	
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			Hillarii Mehduksi ishoo mihadiise anuurun anuu salan uu oo anaa muu oo o	and the same of th	

# MONTHLY CASH STATEMENT

Period Ending: 2/28/25

Cash Activity Analysis (Cash	Basis Only):			Case No: 24-31912-jda		
	General <u>Acct.</u>	Payroll <u>Acct.</u>	Tax <u>Acct.</u>	Cash Coll <u>.</u> <u>Acct</u>	Petty Cash <u>Acct.</u>	
A. Beginning Balance	\$70,695.26	Variable in the control of the contr	A CONTRACTOR (CONTRACTOR) AND A CONTRACTOR AND A CONTRACT	erat nament i ameni ett ameni e		
B. Receipts (Attach separate schedule)	\$474,357,38	han gilled die er de stade de de stade	NAMES AND THE PARTY AND THE PA		ST THE STATE OF THE STATE AND ADMITTANCE AND ADMITT	
C. Balance Available (A + B)		riad información communicación de la constantida con con		pursuament de la companya de la comp		
D. Less Disbursements (Attach separate schedule)	\$501,864.05	ser e sandre e e en característico de en constitución e e en constitución e en const		THE STATE OF COLUMN Paints of Annual Column State Annual Column St	services recentables in the control of contr	
E. ENDING BALANCE (C - D)	\$42,874.59			telefologicone ou annual constitution and a second or	p	
ATTENTION: Please enter excluding transfers, onto to payment. \$	he line below:	SBURSEMENT This is the i	from all you number that wi	r accounts, includ ill determine your	ling cash and quarterly fee	
(PLEASE ATTACH COPIES	OF MOST RECE	NT RECONCILE	D BANK STATEN	MENTS FROM EACH	- ACCOUNT)	
General Account:						
1. Depository Name &	Location Hunti	ngton Bank - Co	urt St Burton, MI			
2. Account Number	01383	3421525	COSTABILITY OF THE PROPERTY OF	9A-4894		
Payroll Account:						
1. Depository Name &	Location		AND		<u></u>	
2. Account Number	B1000000000000000000000000000000000000			***************************************		
Tax Account:						
1. Depository Name &	Location					
2. Account Number	with a trademandation			***************************************		
Other monies on hand (spe	cify type and lo	ocation) i.e., CD	o's, bonds, etc.):			
<del>, , , , , , , , , , , , , , , , , , , </del>	errer e die e successe et de la constante e del la constante e del la constante e de	namerarakirlari — li a-akssalari alamanara-kasasasas			THE THE PERSON NAMED OF TH	
Date: <u>2/20/20</u> à S		Maule	of Oward	eh	;	
		Debtor in Ré	ssession – – –			

# MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:<u>1/31/25</u>

Case No: 24-31912-jda			
The following information is to be insider, or owner that is employed by the de	provided for each shareholebtor in possession. (Attach a	lder, officer, additional pa	director, managei nges if necessary.)
Name: Matthew Ovadek	_ Capacity:	X SI	nareholder
	1 ,	Officer	
		D In	rector sider
Detailed Description of Duties: General Man			
Current Compensation Paid:	Weekly	٥٢	Monthly \$4,000.00
Current Benefits Paid:	Weekly	or	Monthly
Health Insurance			\$1,146.50
Life Insurance	TOTAL AND CARLOS AND		
Retirement	CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADD		#24400000000000000000000000000000000000
Company Vehicle	Western statement of the communication of the commu		WEST CHEST CHEST CONTROL AND STORY (See A 44-64-64-44-47-47-47-47-47-47)
Entertainment	Married Marrid Married Married Married Married Married Married Married Married		\$P-\$typipe-lendy-specificate-Large-construction minutes summa.
Travel			**************************************
Other Benefits	Annual Activities and a second		\$37.50
Total Benefits			kummanyamanananananananananananananananana
Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid			
Loans	ETETETTE ETEMA ETET AL ETE ACTUAL AND AN AND AN AND AND AND AND AND AND A		
Other (Describe)	h-chapter -		
Other (Describe)	Workstein with the control of the co		
Other (Describe)	NAMES AND ADDRESS OF THE PARTY		
Total Other Payments			
CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly \$5,184.00
Dated: 2/20/25	AH MUSUS Principal, Officer, Dire	ector, or Insi	der

#### WORTHLY STATEWEND OF INSIDER COMPENSAL ON/PAYIPENTS

Period Ending:	<u> </u>	wew.comenceandologia	
Case No: 24-31912-jda			
The following information is to be insider, or owner that is employed by the del	provided for each shareho otor in possession. ( <u>Attach</u>	older, officer, <u>additional pa</u>	director, manager ges if necessary.)
Name: Machy Gozew	Capacity:	Sh Sh Of Di Ins	rector
Detailed Description of Duties:	to Day of	Egatio	
Current Compensation Paid:	Weekly	Of*	Monthly 子の公。♂
Current Benefits Poid:	Weekly	Oi*	Monthly
Health Insurance Life Insurance Retirement Company Vehicle Entertainment Travel Other Benefits Total Benefits			
Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid Loans Other (Describe) Other (Describe) Other (Describe) Total Other Payments			
CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly
Dated:	Principal, Officer, Dir	1 / Crector, or Insid	1000 i

### SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 2/28/25

Case No: 24-31912-jda

INSURANCE TYPE	CARRIER	EXPIRATION DATE
Workers' Compensation	State Auto	8/1/25
General Business Policy	Spinnaker Insurance Company	3/15/26
######################################		
	M. A. S.	
	<u> </u>	